

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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FUNERAL DIRECTORS EXAMINING BOARD FUNERAL ESTABLISHMENT APPLICATION

License No. _____
Issued: _____

1. NAME OF ESTABLISHMENT		2. PHONE NUMBER OF ESTABLISHMENT ()	
3. ADDRESS OF ESTABLISHMENT (Street, City, State, Zip Code)			
4. NAME OF INDIVIDUAL OR BUSINESS ENTITY OWNER		5. PHONE NUMBER OF OWNER ()	
6. ADDRESS OF OWNER (Street, City, State, Zip Code)			
7. TYPE OF OWNERSHIP <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation</div><div><input type="checkbox"/> Partnership <input type="checkbox"/> Other</div></div>		8. LIST PARTNERS OR CORPORATE OFFICERS a. _____ b. _____ c. _____ d. _____ e. _____	
9. FULL-TIME LICENSEE IN CHARGE _____			
10. CHECK ONE: <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div>New Location New Establishment Change of Ownership or Control</div></div>		11. IF A NEW LOCATION, ENTER FORMER LOCATION OF ESTABLISHMENT	
12. IS THIS THE ONLY ESTABLISHMENT OPERATED IN WISCONSIN BY THE OWNER IN # 5? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list other establishments and their locations on attached sheet.		13. IF A CHANGE OF OWNERSHIP OR CONTROL, ENTER NAME OF FORMER SOLE OWNER OR OWNERSHIP ENTITY	
14. LIST ALL PERSONS EMPLOYED IN THIS ESTABLISHMENT (USE ADDITIONAL SHEET IF NECESSARY): <div style="display: flex; justify-content: space-between;"><div><u>LICENSEES:</u> NAME: _____ NAME: _____ NAME: _____</div><div><u>ALL NON-LICENSED EMPLOYEES:</u> NAME: _____ NAME: _____ NAME: _____</div></div>			
15. <u>REGISTERED APPRENTICES AT ESTABLISHMENT:</u> NAME: _____ NAME: _____		For Receipting Use Only	
16. IF OWNER IN #4 IS CONTROLLED BY ANOTHER ENTITY OR IS A SUBSIDIARY OF ANOTHER CORPORATION OR OTHER BUSINESS ENTITY, NAME THAT ENTITY:			
Application Fee: Make check payable to Department of Regulation and Licensing and attach check to application. \$ 53.00 Establishment fee			

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17. STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| A. Has the owner/operator of the establishment ever been convicted of a misdemeanor or a felony? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the owner/operator of the establishment have any felony or misdemeanor charges pending against it? <u>If YES, attach a sheet providing details about the pending charge, including status of the charge and the location of court.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has the owner/operator of the establishment ever surrendered, resigned, cancelled or been denied a professional license or any other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the type of license and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has any licensing or other credentialing agency ever taken any disciplinary action against the owner/operator of the establishment, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is disciplinary action pending against the owner/operator of the establishment in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have any suits or claims ever been filed against the owner/operator of the establishment as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Does the owner/operator of the establishment currently hold, or has the owner/operator held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

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- | | | |
|---|--------------------------|--------------------------|
| 18. Are any of the licensed funeral directors in this establishment financially, through an ownership or operation interest, or otherwise, connected with a Wisconsin cemetery? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Is the owner or operator of this establishment financially, through an ownership or operation interest or otherwise, connected with a Wisconsin cemetery? If yes, please explain.

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If the owner or operator of this establishment is controlled by another business entity or is a subsidiary of another business entity, is the controlling business entity or the parent business entity, through an ownership or operation interest, or otherwise, connected with a Wisconsin cemetery? If yes, please explain.

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19. PLEASE ANSWER EACH OF THE FOLLOWING:

YES

NO

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1. Funeral director's licenses and certificates of apprenticeship are conspicuously displayed in the place of business. **(Section 445.09, Wis. Stats.)**

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2. Board-issued funeral establishment permit will be conspicuously displayed in the funeral establishment. **(Section 445.105(1), Wis. Stats.)**

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3. We have prepared the required price disclosures. **((FTC Regulations, 16 CFR 453.2)**

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4. Every installation used for embalming operations has a floor area of not less than 100 square feet per embalming table and is used solely for embalming. The embalming area is isolated by walls or adequate partitions. **(FD 1.09(1), Wis. Admin. Code).**

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5. The walls and furniture of the embalming installation area are constructed of material that is easily washed and disinfected. **(FD 1.09(1), Wis. Admin. Code)**

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6. The installation used for embalming is equipped with hot and cold running water supply under pressure and is in quantity sufficient for operations performed therein and for cleaning the room. **(FD 1.09(1), Wis. Admin. Code)**

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7. Waste water flows into the main sewer, if available, or an adequate septic tank. **(FD 1.09(1), Wis. Admin. Code)**

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8. Hand washing facilities are easily accessible. **(FD 1.09(1), Wis. Admin. Code)**

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9. All preparation rooms are equipped with adequate sanitary facilities so that no health hazards are produced as a result of embalming operations performed therein. **(FD 1.09(2), Wis. Admin. Code)**

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10. All preparation rooms are equipped with a ventilating system capable of expelling gas or fumes to an outside point so as not to create a nuisance. **(FD 1.09(3), Wis. Admin. Code)**

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11. All preparation rooms are equipped with a hard surface, metal or porcelain top embalming table. **(FD 1.09(3), Wis. Admin. Code)**

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12. All preparation rooms are equipped with a set of essential embalming instruments and a supply of disinfectants. **(FD 1.09(3), Wis. Admin. Code)**

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13. All preparation rooms, equipment, instruments and supplies are in a clean and sanitary condition. **(FD 2.10(1), Wis. Admin. Code)**

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14. We have prepared a protocol and made it available to staff, relating to handling a body that contains radioisotope. **(FD 2.11, Wis. Admin. Code)**

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15. Embalming fluid has been diluted to the percentage of concentration recommended by the manufacturer of the embalming fluid. **(Section HFS 136.05, Wis. Admin. Code)**

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YES

NO

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16. We have prepared an Exposure Control Plan and made it accessible to staff, designed to eliminate or minimize exposure to blood or other potentially infectious materials. **(OSHA Regulation. See 29 CFR 1910.1030)**

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17. Personal protective equipment is available, including gloves, gowns, face shields, masks, drench showers, eye washers, and eye protection. **(OSHA Regulation. See 29 CFR 1910.1030)**

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18. We will comply with the requirements, relating to regulated waste containers. **(OSHA Regulation. See 29 CFR 1910.1030)**

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19. We will follow precautions relating to formaldehyde, including respiratory protection, protective gloves, eye protection and protective clothing. **(OSHA Regulation. See 29 CFR 1910.1030)**

20. I state that all statements contained in this application are each and all strictly true in every respect, and that the owner/operator identified in #4 on page 1 will operate the funeral establishment at this address in accordance with Chapter 445, Stats., and any applicable federal statutes and regulations.

I have enclosed the following (please check the box in front of each statement, as a reminder for you to include a copy of the document with your application):

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Statement of Goods and Services

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Current General Price List

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Pricing Card

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List of Caskets Available for Purchase

Signature of Owner/Operator, Officer or Partner

Date: _____

Print or Type Name of Person Signing Above

FOR NEW LOCATION ONLY

1. On what date do you expect this establishment to be ready for inspection: _____

2. Please give the name and telephone number of the individual to contact to set up an inspection.

Name: _____

Telephone Number: () _____